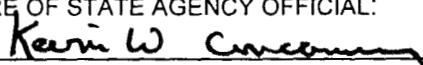
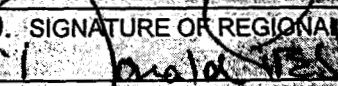


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">0 0 -- 0 0 9</div>	2. STATE: MAINE
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE(S) <div style="text-align: center;">9/1/00</div>	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT 2.2-A, SUPPLEMENT 12, PAGES 3 AND 3(A) Pg. 31d, Suppl. 12 to Att. 2.6A, Pg. 2(a-i)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATT 2.2-A, SUPPLEMENT 12, PAGES 3 AND 3(A)		
10. SUBJECT OF AMENDMENT: MORE LIBERAL METHODS OF TREATING INCOME FOR THE WORKING DISABLED COVERAGE GROUP			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES <input checked="" type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
13. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">  Kevin W. Concannon </div>		16. RETURN TO: Christine Zukas-Lessard Acting Director, Bureau of Medical Services #11 State House Station 249 Western Ave. Augusta, ME 04333-0011	
14. TYPED NAME: Kevin W. Concannon		15. DATE SUBMITTED: September 22, 2000	
14. TITLE: Commissioner, Maine Department of Human Services			
15. DATE RECEIVED: September 29, 2000			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2000		18. DATE APPROVED: May 7, 2001	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2000		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">  Ronald Preston </div>	
21. TYPED NAME: Ronald Preston		22. TITLE: Associate Regional Administrator, DMSO	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Maine**

X_____The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Effective 1/1/98:

1. In determining countable income, exclude income in the amount of the difference between 100% of the AFDC Full Need Standard in the 7/16/96 state plan and 100% of the federal poverty level for the size family involved as reissued annually in the federal register.

The income and resource methodologies that the less restrictive methodologies replace are as follows:

- \$30 and 1/3 income disregard.
- 185% of Full Need gross income test.
- 100% of Full Need countable income test.

NOTE: This change provides that anyone now eligible remains eligible.

Effective 9/1/00

2. In determining countable income, exclude income in the amount of the difference between 100% of the AFDC Full Need Standard in the 7/16/96 state plan and 150% of the Federal Poverty Level for the size family involved as reissued annually in the Federal Register.

The income and/or resource methodology this less restrictive methodology replaces is # 1 above.

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State: Maine

Citation 3.5 Supplement 2 to Attachment 3.1-A specifies and described the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

- (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

3.6 Unemployed Parent

For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, the agency:

 Uses the standard for measuring unemployment which was in the AFDC State plan in effect on July 16, 1996.

 X Uses the following more liberal standard to measure unemployment:

A child will be considered deprived if countable parental income is insufficient to raise income above the applicable income standard.

OFFICIAL

TN No. 00-009

Supersedes

Approval Date: 5/7/01

Effective Date: 9/1/00

TN No.

HCFA ID: 7982E